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**** CONTINUING DATA *******

None SPR

**** FOREIGN APPLICATIONS *******

None SPR

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **
01/20/2004

Foreign Priority claimed ☐ yes ☒ no	STATE OR COUNTRY KS	SHEETS DRAWING 11	TOTAL CLAIMS 47	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met ☐ yes ☐ no ☐ Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>SPR</i>				

ADDRESS

46169

TITLE

System and method for managing patient care

FILING FEE RECEIVED 1644	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	☐ All Fees ☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of time) ☐ 1.18 Fees (Issue) ☐ Other _____ ☐ Credit
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